



INFORMATION UPDATE

Student Name _____ Student ID# _____ Date _____

Address to be changed: ___ home ___ local ___ both addresses

New Street _____

New City _____ New State _____ New Zip _____

New Phone # () _____ - _____ New Cell # () _____ - _____

New E-mail Address _____ @ _____

Name Change _____

Marital Status ___ married ___ single

Spouse's name if married _____

Return to: Registration Center, Serrick Center, room 204



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